

Policy: 4250
Procedure: 4250.05

Chapter: Monitoring and

Quality Assurance

Rule: Suicide Prevention

Effective: 04/06/05 Replaces: 4250.06 (old)

> 4250.08 Dated: 09/24/04

Purpose:

The Arizona Department of Juvenile Corrections (ADJC) shall be responsible for the implementation and administration of suicide prevention monitoring and quality assurance.

Rules:

1. The FACILITY PSYCHOLOGIST, OR DESIGNEE, shall:

- a. Coordinate the distribution of Form 4250D, the Daily Suicide Prevention Status List throughout the facility by the end of each work day, including weekends/holidays;
- b. Ensure the Daily Suicide Prevention Status List contains the name of each juvenile who is currently on Suicide Risk Level 1, 2, or 3;
- c. Ensure any juvenile on Suicide Risk Level 1, 2, or 3 during the previous week is discussed during weekly clinical meetings;
- d. Ensure minutes are taken at each clinical meeting and maintained in a central binder;
- e. Coordinate the 90 day reviews and the updates to every juvenile's mental health treatment needs as indicated in his/her case plan;
- f. Ensure an internal referral process that allows juvenile access to mental health services in response to crisis and non-crisis requests in accordance with Policy 4210 Individual Counseling; and
- g. Ensure recommendations included in the juvenile's case plan are available to the juvenile's Caseworker, Unit Treatment Team, and Parole Officer, as appropriate.

2. The FACILITY SUPERINTENDENT, OR DESIGNEE, shall:

- a. Maintain historical copies of the Daily Suicide Prevention Status List in a binder for quality assurance purposes;
- b. Ensure Housing Unit Managers maintain records per an established records retention schedule.
- c. Complete quarterly audits at each housing unit to ensure the Suicide Prevention binders are up-to-date;
- Review audit findings, specific to suicide prevention, quarterly in collaboration with the Quality Assurance Administrator and local Institutional Coordinator at the facility Management Team and the Superintendents' meeting;
- e. Generate management reports from the ADJC Incident Reporting system at six month intervals specific to suicidal behavior for analysis at the local level;
- f. Analyze suicidal behavior incident data as part of their overall strategy for monitoring suicide prevention processes;
- g. Analyze suicidal behavior incident data in collaboration with the Facility Management team on a semi-annual basis as part of the ADJC Performance-based Standards protocols.
- 3. The **YOUTH PROGRAM SUPERVISOR** shall ensure that a Suicide Prevention binder is maintained at each housing unit which contains:
 - a. The most recent Suicide Prevention Status list;
 - b. Current policies, procedures, administrative memos; and
 - c. Forms that relate to any and all areas of suicide prevention.
- 4. **DESIGNATED EMPLOYEES** shall give an explanation and written instructions to the juvenile at intake regarding the referral process for mental health services.

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- 5. **DIRECT CARE EMPLOYEES** shall ensure juveniles are allowed unimpeded access to qualified mental health professionals.
- 6. The **MEDICAL DIRECTOR**, in collaboration with the **HEALTH SERVICES ADMINISTRATOR** shall:
 - a. Complete a Clinical Mortality Review within 30 days of the completed suicide and ask the following:
 - i. Could the medical responses at the time of the death be improved?
 - ii. Was an earlier intervention possible?
 - iii. Independent of the cause of death, is there any way to improve patient care?
 - b. Forward a summary of these findings to the Clinical Director and involved treatment employees;
 - c. Complete Clinical Mortality Reviews separate and apart from other formal investigations that may be required to determine the cause of death;
 - d. Append the Clinical Mortality Review with new information from the Autopsy Report; when a medical autopsy is completed.
- The CLINICAL DIRECTOR may request the Clinical Services Administrator to complete a
 Psychological Autopsy in the event of a completed suicide or life-threatening suicide attempt,
 utilizing Form 4250H.
 - a. The **CLINICAL SERVICES ADMINISTRATOR** shall base the Psychological Autopsy on the following:
 - i. A detailed review of all file information on the juvenile;
 - ii. A careful examination of the suicide site;
 - iii. Interviews with staff, juveniles, family members or others familiar with the deceased.
 - b. The **CLINICAL DIRECTOR** shall:
 - i. Review the results of the Clinical Mortality Review and Psychological Autopsy;
 - ii. Meet with the Medical and Mental Health Teams;
 - iii. Make recommendations for changes in:
 - (1) Existing policy and procedures:
 - (2) Training;
 - (3) Physical plant;
 - (4) Medical or mental health services; and
 - (5) Operational procedures.
 - iv. Conduct an assessment to determine whether any patterns require further study, when multiple deaths have occurred at a facility.

Effective Date:	Approved by Process Owner:	Review Date:	Reviewed By: